1				Effective December 8, 2004			Application or Doctor Hypper		
API	PLICATION AS FILED	- PART I					P/C	741	
	(Column 1)	(Column 2)						~	
FOR	Munoso	(50.01117)		SMA	LL ENTITY	OR		OTHER TH	
BASIC FEE	NUMBER FILED	NUMBER EXTE	RA			7		MALL ENTI	
(37 CFR 1 16(a), (0), or (c))	N/A	N/A		RATEG	FEE (1)	-1	1 04-		
SEARCH FEE		NA	1	NA	150.00	7	RATE	10	
EXAMINATION FEE	. NA	N/A			150.00	_	HH	300	
(37 CFR 1 16(0). (0). or (0))	. N/A			L . NVA	\$250	1	NIA		
TOTAL CLADUS		'N/A	·	NA	1		1000	\$50	
(37 OFR 1 16(4)	1			<u> </u>	\$100	1 1	NA	\$20	
INDEPENDENT CLAIMS	minna 50 e		- 11	X\$ 25 .		1 1		\$20	
(3) OFR 1 16(N)	. minus 3 a				+	OR	X\$50		
ADDUS	If the specification and	Iraudaaa		X100 .	1	1 1	Y200		
APPLICATION SIZE	sheets of paper, the apples \$250 (\$125 for small a	lication about	∞ [1 L	X200	• •	
(37 CFR 1 16(4))	is \$250 (\$125 for small e	Utity) for each	'°		1 :	1 1			
	additional 50 sheets or from 35 U.S.C. 41(a)(1)(3)	action thereof Se	. 11		1 1		•	1	
								- 1	
MULTIPLE DEPENDENT CL	AIM PRESENT (37 OFR 1.16)	/	\dashv \vdash					i	
If the difference is		VII	_11	+180=	1	r	+360=		
1 molumn	is less than zero, enter "O" in	Column 2				L		- 1	
APPLICATO	ON 40			TOTAL			TAT:		
) ,	ON AS AMENDED - PA	ARTII		_			TOTAL	· [
OT-ON (Colum				,	•				
	(Columnia)	mn 2) (Column 3))	0.1					
₹ REMA	INING		7 ~	SMALL EN	ITITY	OR	SHID	RTHAN	
- AFT	ER NOMB		116	CATE (S)	ADDI:			LENTITY	
Total .	PAID F	USLY EXTRA	11		TIONAL	· F	ATE (\$)	ADOI-	
OT CFR 1.16/11	Minus :	11.	1 F.		FEE (S)	- 1		THONAI	
Independent Of CFR 1.1anii	Minus · /		7 1 XE	25		Ye	50	FEE (1)	
	\ 	1.	Y XI	00		OR A	50 _ =	1	
	FR 1.16(s))		∤			R X2	00]		
FIRST PRESENTATION OF M	ELTIPLE DEPENDENT CLAM (l		77	·		 	
Jon I se	A A A CHOCK! CLAM (37 CFR 1,16(0)	+11	80=		-			
6640	1 (C) (-(F)	NOTO	TOT			+3	60≖		
· m		pine	THYOO.	L FEE	OF	101/	AL.		
CLAIMS		2) (Cotumn 3)				ADD'	LFEE		
REMAINS	HIGHEST	1 1 1 1 1		·					
. AFTER	NUMBER		RAT	E (5) A				<u> </u>	
Total	PAID FOR		1		DOI- XNAL	RAT	E (2)	ADOI-	
MILES	Minus **		 	FE	E (5)	1	1	TIONAL .	
PATER E 19CH			X\$ 2	25		1		FEE (5)	
Independent	Minus				OR	X\$50			
Independent OF CFR 1.18(NJ).	Minus	1.	Yin	n	7				
Independent GTCFR 1.10(1) Application Size Fee (37 CFR	(1.16(s))		X100	0.	OR.	X200	. T		
Application Size Fee (37 CFR	(1.16(s))		X100	0. 🖫	OR	X200			
Independent GTCFR 1.1(enj) Application Size Fee (37 CFR					OR				
Independent GTCFR 1.1(enj) Application Size Fee (37 CFR	(1.16(s))		+180		OR OR	+360			
Application Size Fee (37 CFR FIRST PRESENTATION OF MART	(1.16(s)) TIPLE DEPENDENT CLAIM (AZ (OFR 1.16(0)	+180)=	OR .	+360			
Application Size Fee (37 CFR FIRST PRESENTATION OF MARY the entry in column 1 is less	TIPLE DEPENDENT CLAIM (27 of	CFR 1.16(0)	+180 TOTAL ADDL FI)=	\exists	+360	=		
Application Size Fee (37 CFR FIRST PRESENTATION OF MULT the entry in column 1 is less the Highest Number Previous	(1.16(s)) TIPLE OFFENDENT CLAIM (D7 (Then the entry in column 2, with the paid for in True column 2.	CFR 1.16(0)	+180 TOTAL ADDL FI)= EE	OR .	+360 TOTAL ADD'L FI	=		
Application Size Fee (37 CFR FIRST PRESENTATION OF MAAT the entry in column 1 is less the "Highest Number Previous the "Highest Number Previous Highest Number Previous Highe	(1.16(s)) TIPLE DEPENDENT CLAIM (27 (CFR 1.16(0)	+180 TOTAL ADDL FI)= EE	OR .	+360 TOTAL ADD'L FI	e .		

endection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the string pathering, preparing, and submitting the completed application for not the USPTO. Time will vary depending upon the individual case. Any comments we amount of time you require to complete this form and/or suggestions for the the USPTO. Time will vary depending upon the individual case. Any comments trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS RESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.